

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

**REQUEST FOR CREDIT CARD PAYMENT**

I hereby authorize the United States District Court for the District of Minnesota to charge the following bank card number for payment of filing fees and other court related expenses as designated on this form.

**Name as it appears on Card:**

**Signature of Cardholder:**

**Date:**

**Name of Law Firm/Business:**

**Credit card Billing Address:**

[Street, PO Box Other]

[City, State, Zipcode]

**Contact Person Name:**

**Phone Number:**

**CARD INFORMATION**

**\*\*ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD TO THIS APPLICATION\*\***

**ACCOUNT NUMBER:**

**EXPIRATION DATE:**

**Mastercard**

**Visa**

**Discover**

**American Express**

**Diners**

**Reason for Payment**

**SHORT CASE TITLE: (required)**

<b>Transaction</b> (new case, appeal, copies, etc.)	<b>Documents Sent</b>	<b>Amount</b>
	Enclosed    In advance on Will be sent on by    E-mail    Mail    Courier	\$
	Enclosed    In advance on Will be sent on by    E-mail    Mail    Courier	\$
	Enclosed    In advance on Will be sent on by    E-mail    Mail    Courier	\$
	Enclosed    In advance on Will be sent on by    E-mail    Mail    Courier	\$
<b>TOTAL CHARGES</b>		\$

**Fax this form and photocopy of your credit card to one of the Clerk's Offices  
between the hours of 8am – 5pm CST:**

**Minneapolis (612) 664-5033**

**St. Paul (651) 848-1109**

**Duluth (218) 529-3505**

**Fergus Falls (218) 739-5325**

***NOTE: If you sent your complaint in paper, be sure to fax this form to the office that has your paper documents.***